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To:

House Committee on Government Operations

From:

Helen Labun Director of Vermont Public Policy Bi-State Primary Care Association

April 20th, 2021

Thank you for the opportunity to comment in support of S. 48 -- An act relating to Vermont's adoption of the interstate Nurse Licensure Compact.

Bi-State Primary Care Association (Bi-State) is a 501(c)3 nonprofit organization, formed by two health and social service leaders in 1986 to expand access to health care in Vermont and New Hampshire. Today, Bi-State represents 31 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 142 locations. Our members include Federally-Qualified Health Centers (FQHCs), clinics for the uninsured, rural health clinics, Area Health Education Center programs, and Planned Parenthood of Northern New England.

Members of the Bi-State Primary Care Association face immediate workforce shortages across our licensed, clinical positions, including nurses. Shortages are particularly acute in rural regions of the state. Bi-State has collaborated with other associations and stakeholder groups to develop a range of strategies to address these shortfalls. Participating in the nurse licensure compact is one of these strategies. This move would facilitate recruiting nurses who are already practicing under a license in a Compact state and attracting new nurses who want to become licensed in a Compact-participating state.

One of our members' key objectives for Vermont's participation in this Compact is to increase their current staff's ability to use telehealth for patients who live (or travel) in other states.

During the COVID-19 pandemic, many patients have come to rely on telehealth for their health care. After the pandemic, we expect patients to continue to seek out telehealth as a way to reduce the burden of unnecessary in-person visits. Our patients often struggle with transportation, childcare, and/or time off of work to come into the office, especially patients with chronic conditions who are in frequent contact with a care team to manage those conditions. When patients live in Vermont, virtual tools work well. However, many of our practices are on the

border of another state and have patients traveling over the state line. Those patients will not have the option of accessing their primary care practice without being physically located in Vermont. We additionally anticipate increased demand for access to care when travelling or when attending school out of state. Without license reciprocity where the patient is located, we cannot serve that need. The result is fractured care that may drive patients to default to third party telemedicine vendors.

Our goal is to keep our patients connected to their primary care medical home. To serve our patients, we need an adequate nursing workforce and an option for our staff to provide telehealth services across state lines. Joining the Nurse Licensure Compact will bring us closer to this goal. Bi-State Primary Care Association supports S. 48.

Sincerely,

Helen Labun

Director, Vermont Public Policy